



McLEAN COUNTY SHERIFF'S DEPARTMENT
DAVID OWENS, SHERIFF
"Peace Through Integrity"
Administration Office
(309) 888-5034
104 W. Front Law & Justice Center Room 105
P.O. Box 2400 Bloomington, Illinois 61702-2400

Detective Commander (309) 888-5051
Patrol Commander (309) 888-5166
Patrol Duty Sergeant (309) 888-5019
Jail Division (309) 888-5065
Process Division (309) 888-5040
Records Division (309) 888-5055
Domestic Crimes Division (309) 888-5860
FAX (309) 888-5072

CITIZEN COMPLAINT FORM

To Whom It May Concern:

The purpose of this report is to allow the Sheriff's Office to have a starting point to investigate allegations of employee misconduct or violations of Sheriff's Department Rules & Regulations.

Attached is a Citizens Complaint Form and an Affidavit. Please fill out the complaint form **completely and legibly**. If necessary, please print. The complaint form must be filled out **by the individual directly impacted by the actions of the Sheriff's Office employee**. A sworn Affidavit, which relates to the facts of the complaint, must be included. The **Affidavit must be signed by the complainant** and the signature **witnessed by a Notary Public**.

After completing the form, you may request to speak with the on duty Shift Supervisor. If the Shift Supervisor cannot resolve your complaint, it will be forwarded to the appropriate Commander. You will be contacted by a Commander to follow up on your complaint.

Complaints may be taken home to be filled out. Please return your complaint to: Sheriff David Owens, McLean County Sheriff's Office at 104 W. Front St., PO Box 2400, Bloomington, IL 61702-2400. If complaints are brought to the department, make sure they are clearly addressed to Sheriff David Owens.

If you have any questions, please call my Administrative Office at (309)888-5034. Our office hours are 8:00 a.m. to 4:30 p.m.

David Owens
Sheriff

DO:jc

McLEAN COUNTY SHERIFF'S DEPARTMENT
POLICIES AND PROCEDURES
POLICY #1501 **TITLE: Internal Affairs**

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1501.7-2 APPENDIX 2

Complaint File Number: _____

CITIZEN COMPLAINT FORM

Complainant Name: _____			DOB: _____		How Reported: _____	
Complainant Address: _____						
Complainant Telephone Number: _____			Work Telephone Number: _____			
Business Name: _____			Address: _____			
Business Telephone: _____						
1. Name: _____		Address: _____		Phone: _____		
2. Name: _____		Address: _____		Phone: _____		
3. Name: _____		Address: _____		Phone: _____		
1. Off. Name: _____		I.D.#: _____		Squad Description: _____		
2. Off. Name: _____		I.D.#: _____		Squad Description: _____		
3. Off. Name: _____		I.D.#: _____		Squad Description: _____		

Nature of Complaint: _____	
Location of Incident: _____	
Date: _____	Time: _____

I UNDERSTAND, and it is my desire, that this complaint will be investigated diligently. I further understand that if I make FALSE STATEMENTS in this complaint I MAY BE LIABLE FOR BOTH CRIMINAL AND CIVIL PROSECUTION.		
Complainant's Signature: _____	Date: _____	Time: _____
Signature of Parent/Guardian: _____	Date: _____	Time: _____
Accepting Officer's Signature: _____	Date: _____	Time: _____

DISTRIBUTION: Original to Sheriff Copies to: Chief Deputy, Employee, Employee's Supervisor, Investigating Officer, Complainant.

